

February 17, 2011

Statement
Of
Anthem Blue Cross and Blue Shield
On

 SB 54 An Act Concerning Uniform Preauthorization Standards For Health Care Providers
And Health Insurers

Good afternoon, Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. My name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am here today to speak on SB 54 An Act Concerning Uniform Preauthorization Standards For Health Care Providers And Health Insurers.

We are unsure why this legislation is before you today and we are very concerned about the potential consequences of this legislation. It seems to drastically change the utilization review statutes for no apparent reason. The utilization review statutes that were passed in 1997 and modified over the years have produced a process that allows for a fair and reasonable authorization process and appeal process for the member, the treating provider and the insurer on matters of coverage of benefits, admissions or stays, etc. While this legislation suggests a uniform process it is conflicting against the current statutes regarding utilization review and appeals because there is uniform standards already in place. Insurers must abide by a certain time frame and a process around which those determinations are made and communicated to the requesting provider. We would also like to mention that the federal Department of Labor, which governs all non-governmental self insured members, has it owns set of standards and procedures that insurers must adhere to regarding utilization review.

This legislation upsets the delicate balance that over the years that this law has been in place and would in effect completely undermine the successful appeals and utilization review process that this Legislature worked very hard to pass.

Thank you for your attention to this matter and we welcome any questions you may have.